

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/010281	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1								51				
2								52				
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48								98				
49								99				
50								100				
TOTAL IND.	1							TOTAL IND.				
TOTAL DEP.	1							TOTAL DEP.				
TOTAL CLAIMS	2							TOTAL CLAIMS				

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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